

**STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH**

IN RE: Cabazon Water District
50256 Main Street
P.O. Box 297
Cabazon, CA 92230

TO: Calvin Louie
General Manager

CITATION FOR NONCOMPLIANCE - WATER SYSTEM NO. 3310047

C I T A T I O N N O . 0 5 - 2 0 - 1 3 C - 0 0 8

Issued on November 22, 2013

16 Section 116650, Article 9, Chapter 4, Part 12, Division 104 of the California Health
17 and Safety Code (H & S Code), authorizes the issuance of a citation for failure to
18 comply with the requirements of the California Safe Drinking Water Act, or any
19 regulation, standard, permit or order issued thereunder.

VIOLET

22 The Department of Public Health, Drinking Water Field Operations Branch
23 (hereinafter Department), hereby issues a citation to Cabazon Water District
24 (hereinafter District) (50256 Main Street, Cabazon, CA 92230) for the following
25 violations:

- 27 1. H & S Code, Section 116555 (a); and California Code of Regulations (CCR), Title
28 22, Section 64426.1 (b) (2). Specifically, the District failed to comply with the
29 Primary Drinking Water Standard for total coliform bacteria during the month of
30 October 2013. A public water system is in violation of the Total Coliform

1 Maximum Contaminant Level (MCL) when, for a system that collects fewer than
2 forty samples per month, more than one sample collected during any month is
3 total coliform positive; or any repeat sample is fecal coliform-positive or E. coli-
4 positive; or any repeat sample following a fecal coliform-positive or E. coli-positive
5 routine sample is total coliform positive.

6

7 2. California Code of Regulations (CCR), Title 22, Chapter 15, Section 64424.
8 Specifically, Cabazon failed to take repeat samples within 24 hours of being
9 notified of a total coliform positive sample result.

10

11 3. California Code of Regulations (CCR), Title 22, Chapter 15, Section 64430,
12 Groundwater Rule monitoring requirements. Specifically, Cabazon failed to comply
13 with the triggered monitoring requirement under the Groundwater Rule in October
14 2013. Per Cabazon's Groundwater Rule monitoring plan, dated December 3,
15 2009, Cabazon is required to collect, within 24 hours of notification of a routine
16 total coliform-positive sample in the distribution system, at least one sample from
17 each ground water source in use at the time the total coliform-positive sample was
18 collected, for E. coli (fecal indicator) analysis.

19

20 4. H & S Code, Section 116540. Specifically, Cabazon failed to comply with Permit
21 Provision No. 3 (a), contained in Permit No. 04-14-00P-017, between the months
22 of January 2013 and September 2013, based on our review of water quality
23 reports submitted to the Department. The provision states that Cabazon shall
24 sample the raw (unchlorinated) water from each of the active wells for
25 bacteriological water quality at a minimum frequency of once a month.

26

27

1 **BACKGROUND**

2 Cabazon Water District is a community water system serving approximately 2,535
3 residents via 1,032 service connections. Currently, the water system meets its entire
4 water demand from two approved groundwater sources: Wells 1 and 2. Based on its
5 population Cabazon is required to collect three (3) bacteriological samples each
6 month. Cabazon collects two (2) samples per week in accordance with its approved
7 Total Coliform Rule (TCR) Bacteriological Sample Siting Plan (BSSP), dated January
8 9, 2006.

9

10 **PREVIOUS ENFORCEMENT ACTIONS**

11 The following enforcement actions were previously issued to this system for a similar
12 violation:

13

14 **March 25, 2010:** the Department issued Citation No. 05-20-10C-014 for failure of the
15 total coliform MCL during the month of February 2010. Cabazon had more than two
16 total coliform positive routine distribution system samples during the month, which
17 constituted a TCR MCL violation.

18

19 **November 3, 2005:** the Department issued a Notice of Violation for failure to collect
20 repeat samples after a total coliform positive in the distribution system. All routine
21 coliform samples collected since then were tested negative for total coliform bacteria.

22

23 **February 3, 1998:** the Department issued Citation No. 04-14-98C-003 for failure of
24 the total coliform MCL during the months of July and August 1997. Cabazon had
25 more than two total coliform positive routine distribution system samples during those
26 months, which constituted a TCR MCL violation.

1 **CHRONOLOGY OF EVENTS**

2 **Wednesday, October 2, 2013:** Cabazon collected two distribution system samples
3 for total coliform analysis from the C1-3 (50256 Main Street) and C2-4 (Elm Avenue &
4 Date Street) sample sites. The samples were delivered to the laboratory that same
5 day at 11:40 am for analysis using a Present/Absent test method.

6

7 **Thursday, October 3, 2013:** At 5:28 pm the laboratory notified Cabazon that the C2-
8 4 routine sample had tested present for total coliform bacteria. The sample had a
9 chlorine residual level of 0.49 ppm. Copies of the laboratory test results are included
10 in **Attachment 1**.

11

12 **Friday, October 4, 2013:** At 12:40 pm Cabazon collected three repeat samples; one
13 at the original sample site (C2-4), one upstream (at C2-3 South Elm Street) and one
14 downstream (at C2-4b Elm Street & Adele) in accordance to its BSSP, and delivered
15 them to the laboratory that same day at 1:58 pm. On this date, Cabazon was also
16 required to collect E. coli samples at each of its active wells per its triggered
17 Groundwater Rule monitoring plan, dated December 1, 2009. The water system did
18 not collect a bacteriological or E. coli sample at either of its active wells until October
19 17, 2013. According to our records, the last time a bacteriological raw water sample
20 was collected from Cabazon's active wells, was on December 27, 2012.

21

22 **Saturday, October 5, 2013:** At 3:00 pm the laboratory left Cabazon a voicemail that
23 the upstream sample from C2-3 (South Elm Street) had tested positive for total
24 coliform bacteria; the other two repeat samples had tested absent for total coliform
25 bacteria. Chlorine residuals were 0.17 ppm at the C2-3 site, 0.46 ppm at the C2-4 site
26 and 0.30 ppm at C2-4b site.

1 **Monday, October 7, 2013:** At 10:21 am the laboratory notified Cabazon of the total
2 coliform positive bacteriological result from sample station C2-3. At 1:50 pm Cabazon
3 collected another set of three repeat samples from sample sites C2-3, C2-4 and C2-
4 3b (Tank 3), as required in response to the positive total coliform result at sample site
5 C2-3 in accordance with its BSSP, and delivered the samples to the laboratory at 3:58
6 pm that same day.

7

8 **Tuesday, October 8, 2013:** The laboratory informed Cabazon that all of the samples
9 collected on Monday were negative for total coliform bacteria. Chlorine residuals were
10 1.0 ppm at the C2-3 site, 0.55 ppm at the C2-4 site, and 0.14 ppm at the C2-3b site.

11

12 **Thursday, October 17, 2013:** Cabazon collected total coliform and E. coli samples
13 from all its wells, including wells that were not active during this total coliform positive
14 event.

15

16 **Monday, October 21, 2013:** The Department received copies of the laboratory
17 results for October 2, 2013 and October 7, 2013.

18

19 **Thursday, October 24, 2013:** The Department contacted Cabazon to request further
20 information regarding sampling and lab results for samples collected between October
21 2 and 7, 2013.

22

23 **Tuesday, October 29, 2013:** Cabazon submitted copies of all the total coliform
24 monitoring associated with its total coliform positive results occurring between
25 October 2 and October 7, 2013.

26

1 **Friday, November 1, 2013:** The Department requested further information from
2 Cabazon to clarify how the laboratory notified Cabazon for the Friday, October 7,
3 2013 total coliform positive. Cabazon submitted this information on Wednesday,
4 November 6, 2013.

5

6 **DISCUSSION OF CONTRIBUTING PROBLEMS, SANITARY HAZARDS AND**
7 **PUBLIC HEALTH SAFEGUARDS**

8

9 From the Department's review of the Cabazon lab reports and discussion with the
10 water system it was determined that the possible factors contributing to the positive
11 coliform samples may have been due to windy conditions that may have
12 contaminated the sampling taps, and/or improper sampling techniques that may have
13 contaminated the samples, such as not shielding the sample bottle cap and bottle
14 from debris, and/or poor storage or transportation of the bottle after sampling. The
15 total coliform positive result may also have been due to bacteriological problems at
16 Cabazon wells, specifically Well No. 2, a well that has tested positive for total
17 coliforms in the past. According to our records the last time the well was monitored for
18 total coliform bacteria was December 27, 2012. Cabazon should note that per its
19 Domestic Water Supply Permit, dated June 1, 2000, specifically Provision No. 3 (a),
20 Cabazon is required to monitor for total coliform bacteria at each of its active wells at
21 a minimum frequency of once per month.

22

23 Also, as noted above in the Chronology of Events section, Cabazon failed to collect
24 repeat samples within 24 hours of being notified by its laboratory. During our
25 discussions with Cabazon it was noted that Cabazon was notified by the laboratory on
26 Saturday October 8, 2013 in the afternoon. However, because the laboratory is closed
27 on Sundays, Cabazon waited to collect repeat samples until the following Monday,

1 when the laboratory was next open. Cabazon should be aware that it has 24 hours
2 from notification by the laboratory to collect repeat samples and it must deliver the
3 samples to the laboratory within 24 hours after collection. Therefore, Cabazon could
4 have avoided this monitoring violation by collecting the samples on Sunday, October
5 9, 2013, preserving the samples per laboratory preservation procedures, and then
6 delivering the samples to the laboratory on the morning of Monday, October 10, 2013.

7

8 Based on our review of the above events, Cabazon must ensure that each active well
9 is monitored monthly for total coliform bacteria, pursuant to Domestic Water Supply
10 Permit No. 04-14-00P-017, specifically Provision No. 3(a).

11

12 Cabazon must also ensure that sample taps are maintained and shall review sampler
13 training and ensure proper sampling techniques are employed to minimize the
14 possibility for contamination of water samples; which may include disinfecting and/or
15 flushing the sampling taps prior to testing.

16

17 Cabazon collects distribution system total coliform monitoring samples on Wednesday
18 of each week. The Department recommends that Cabazon sample earlier in the week
19 (i.e. Monday or Tuesday) in order to minimize problems associated with the laboratory
20 being closed on Sundays. In addition, once a system water quality problem has been
21 identified, Cabazon shall make special arrangements with the laboratory to allow
22 delivery, analysis, and reporting of test results within the prescribed regulatory time
23 periods.

24

25

26

27

DIRECTIVES

Cabazon Water District is hereby directed to take the following actions:

1. Forthwith, Cabazon shall cease and desist from failing to comply with the Primary Drinking Water Standard for bacteriological water quality.
 2. Cabazon shall cease and desist from failing to comply with the Title 22, Chapter 15, Section 64430, Groundwater Rule monitoring requirements.
 3. Cabazon shall cease and desist from failing to comply with Provision No. 3(a) in Domestic Water Supply Permit No. 04-14-00P-017. Cabazon must ensure that each active well is monitored monthly for total coliform bacteria pursuant to its Permit.
 4. Within 30 days of receipt of this Citation, provide written notification to the residents of Cabazon Water District of the bacteriological water quality failure in conformance with Sections 64463.4 and 64465, including the health effects language in Table 64465-A. Cabazon Water District shall deliver the notification to each resident and publish the notification in the local newspaper. A copy of a Tier 2 Notification template is enclosed for your reference (**Attachment No. 2**).
 5. Within 30 days of receipt of this Citation, submit a copy of the Department-approved written notice and provide proof of public notification in the local newspaper using the form in **Attachment No. 3**.

1 6. During the month of November 2013, per Title 22, Section 64424 (d), Cabazon
2 Water District shall collect at least five (5) routine distribution samples for total
3 coliform analysis.

4

5 7. Cabazon Water District shall sample its active wells for E. coli, per its triggered
6 Groundwater Rule monitoring plan, dated December 1, 2009, whenever a total
7 coliform positive test result is reported in the distribution system.

8

9 8. Cabazon Water District shall include the October 2013, Total Coliform Rule
10 violation in its 2013 Consumer Confidence Report, which must be distributed to
11 customers before July 1, 2014.

12

13 9. Cabazon shall ensure that sample taps are maintained and shall review sampler
14 training and ensure proper sampling techniques are employed to minimize the
15 possibility for contamination of water samples; which may include disinfecting
16 and/or flushing the sampling taps prior to testing.

17

18 All submittals required by this Citation shall be sent to:

19

20 J. Steven Williams, P.E.
21 District Engineer
22 Department of Public Health
23 Division of Drinking Water and Environmental Management
24 1350 Front Street, Room 2050
25 San Diego, CA 92101

26

27 **CIVIL PENALTY**

28 Sections 116650 (d) and (e) of the H&S Code allow for the assessment of a civil
29 penalty for failure to comply with the requirements of Chapter 4. Failure to comply with

1 any provision of this Citation will result in the Department imposing an administrative
2 penalty not to exceed \$1000 (one thousand dollars) per day as of the date of violation
3 of any provision of this Citation.

4

5 11-22-2013

6 Date


J. Steven Williams, P.E.

District Engineer
Riverside District
Drinking Water Field Operations Branch

10

11

12 cc: County of Riverside, Department of Environmental Health

13

14 Attachments:

- 15 1. October 2013 Laboratory Monitoring Results
- 16 2. Total Coliform Tier 2 Notification Resolved Template
- 17 3. Proof of Consumer Notification

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27

Loged in

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

MA

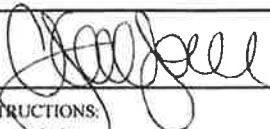
System Name CABAZON WATER DISTRICT	System Number 3310047
Sampling Period October	YEAR 2013
Month	

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>3</u>	<u>14</u>	<u>1</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>1</u>	<u>0</u>
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<u>0</u>	<u>0</u>
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>3</u>	<u>14</u>	<u>2</u>
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100]		<u>0</u>		
c. Is system in compliance...with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
...with monthly MCL? (see note 4)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

5. Invalidated Samples

(Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)

6. Summary Completed By:

Signature 	Title GM/D-3/T-2	Date 11/7/2013
--	---------------------	--------------------------

NOTES AND INSTRUCTIONS:

1. Routine samples include:

- a. Samples required pursuant to 22 CCR Section 64423, and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
 - b. Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
 - c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E.coli positive repeat (boxed entry) **constitutes an MCL violation and requires immediate notification to the department** (22, CCR, Section 64426.1).
3. Note: For repeat sample following a fecal/E.coli positive sample, any total coliform positive repeat (boxed entry) **constitutes an MCL violation and requires immediate notification to the department** (22, CCR, Section 64426.1).
4. Total coliform MCL (Notify Department within 24 hours of MCL violation):
 - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
 - b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples must be tracked on the worksheet on the other side.
6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive results.
7. For systems collecting one or less routine samples per month, four repeat samples must be collected for each total coliform positive sample.

<u>Date</u>	<u>Sample Location</u>	<u>CI2 Residual</u>	<u>Sample Location</u>	<u>CI2 Residual</u>	<u>Average</u>
10/2/2013	C1-3 Main	0.3	C2-4 Elm-Date	0.49	0.40
10/4/2013	Elm/Date (Resamp)	0.46	C2-3 Elm (Resamp)	0.17	0.31
10/4/2013	Elm/Adele (Resamp)	0.3			
10/7/2013	C2-3 Elm (Resamp)	1	C2-4 Elm-Date (Resamp)	0.55	0.56
10/7/2013	Tank 3 Down	0.14			
10/9/2013	C1-5 Almond	0.4	C2-3 Elm	1.34	0.87
10/16/2013	C1-3 Main	0.2	C2-5 Esp. - Peach	0.48	0.34
10/23/2013	C1-4 Millard	0.44	C2-3 Elm	0.19	0.32
10/30/2013	C1-5 Almond	0.62	C2-3 Esp. - Peach	0.45	0.54
					<hr/> 0.48



E.S.BABCOCK&Sons, Inc.

Environmental Laboratories ad790c

Client Name: Cabazon Water District
 Contact: Calvin Louie
 Address: P.O. Box 297
 Cabazon, CA 92230

Report Date: 07-Oct-2013

Analytical Report: Page 1 of 3
 Project Name: Cabazon Co. WD-DW-CC
 Project Number: Wkly Sampling

Work Order Number: B3J0254

Received on Ice (Y/N): Yes Temp: 4°C
 Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Identification

Lab Sample #	Client Sample ID	Matrix	Date Sampled	By	Date Submitted	By	
B3J0254-01	Cl-3 (Main) (C12 0.30)	Water	10/02/13 08:40	C. Louie	10/02/13 15:30	Jason Cabral	
--ROUTINE--							
B3J0254-02	C2-4 ElmDate (C12 0.49)	Water	10/02/13 10:01	Calvin Louie	10/02/13 15:30	Jason Cabral	
--ROUTINE--							

Analytical Report: Page 2 of 3
 Project Name: Cabazon Co. WD-DW-CC
 Project Number: Wkly Sampling

Work Order Number: B3J0254

Received on Ice (Y/N): Yes Temp: 4°C

Report Date: 07-Oct-2013

Result RDL

Units Method Analyst Flag

B3J0254-01	Sampled: 10/02/13 08:40						
C1-3 (Main) (C12 0.30)							
Heterotrophic Plate Count		2.0	1.0	CFU/ml	SM 9215B	10/02/13 17:45	dpk
Total Coliform		Absent	1.1	CFU/ml	SM 9223B	10/02/13 17:45	dpk
E. coli		Absent	1.1	CFU/ml	SM 9223B	10/02/13 17:45	dpk
B3J0254-02	Sampled: 10/02/13 10:01						
C2-4 ElmDate (C12 0.49)							
Heterotrophic Plate Count		1.0	1.0	CFU/ml	SM 9215B	10/02/13 17:45	dpk
Total Coliform		*PRESENT*	1.1	CFU/ml	SM 9223B	10/02/13 17:45	dpk B-01
E. coli		Absent	1.1	CFU/ml	SM 9223B	10/02/13 17:45	dpk

mailing: P 9516533351
 P.O. Box 432
 Riverside, CA 92507-0432

location: 6100 Quail Valley Court
 6100 Quail Valley Court
 Riverside, CA 92507-0704

destination: 6100 Quail Valley Court
 P.O. Box 432
 Riverside, CA 92502-0432

NEIAP no. 02101CA
 CA Elan no. 2598
 EPA no. CA00102
 P 9516533351
 F 9516531632
 www.babcocklab.com



E.S.BABCOCK & Sons, Inc.

Environmental laboratories 2005

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297
Cabazon, CA 92230

Notes and Definitions

B-01	Bacteriological result notification provided to Calvin Louie on 10/03/13.
IND:	Analys NOT DETECTED at or above the Method Detection Limit (if MDL) above the Reportable Detection Limit (RDL)
NR:	Not Reported
MDL:	Reported Detection Limit
RDL:	Method Detection Limit
NELAP:	NELAP does not offer accreditation for this analyte/method/matrix combination

1

Approval The analytical results for the submitted sample(s), Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted. Babcock Laboratories and its officers and employees assume no responsibility and make no warranty, express or implied, for any uses or interpretations made by any recipients, intended or unintended of this report.

Lauren G. Tyner
CN = Lauren G. Tyner C = US O = Baber
Laboratories, Inc. OU = Project Manager
2013-10-10 15:57:33 -07'00'

BCHD/SDH

<i>mailing</i>	<i>location</i>	P 951-653 3361 P 951-653 1652 www.habocards.com
P.O. Box 432 Bakersfield, CA 93306-0499	6100 Quail Valley Court Dinuba, CA 93618-0704	

mailing
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Riverside, CA 92502-0432

location
6100 Equal Valley Court
Riverside, CA 92507-0704

P.95 / 653 3351
F.951 653 1662
www.babcockrl.com

NFLAP no. 05101CA
CA Erap no. 2698
EPA no. CA00102



E.S. BABCOCK & Sons, Inc.

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297
Cabazon, CA 92320

Analytical Report: Page 1 of 1

Project Name: Cabazon Co. WD-DW-CC

Project Number: Wkly Sampling

Work Order Number: B330284

mailing
PO Box 432
Riverside, CA 92502-0432

location
6100 Equal Valley Court
Riverside, CA 92507-0704

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NFLAP no. 05101CA
CA Erap no. 2698
EPA no. CA00102



E.S.B
Environmental Laboratories, Inc.

Analytical Report Page 1 of 3
Project Name: Cabazon Co. WD-DW-CC
Project Number: [none]

Work Order Number: B3J0499

Received on Ice (Y/N): Yes Temp: 18 °C

Client Name: Cabazon Water District
Contact: Calvin Louis
Address: P.O. Box 287
Cabazon, CA 92230

Report Date: 09-Oct-2013

Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Information		# of Contaminants	Type	Analysis Requested	Matrix	Notes
Name:						
Employee:						
Signature:						
Total # of Contaminants:						
DW = Drinking Water WW = Waste Water GW = Ground Water SG = Surface L = Liquid M = Miscellaneous						
Sample ID	Date	Time				
Specimen						
Route:						
Comments:						
Matrix:						
NH ₄ A						
NO ₂ /NO						
Na ₂ SO ₄						
HNO ₃						
H ₂ SO ₄						
Unspecified						

Temperature: _____ Lab No. _____

Page _____ of _____

Print Name / Company _____

Received By _____

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Print Name / Company _____

Received By _____

Date / Time _____

E S B
E.S.BABCOCK&Sons, Inc.
 Environmental Laboratories ext 7906

Client Name: Cabazon Water District
 Contact: Calvin Louie
 Address: P.O. Box 297
 Cabazon, CA 92230

Report Date: 09-Oct-2013

Result RDL Units Method Analysis Date Analyst Flag

B3J049-01 Sampled: 10/04/13 12:50
 Elm/Dale (C12 0.46)
 Heterotrophic Plate Count 2.0 1.0 CFU/mL SM 9215B
 Total Coliform Absent 1.1 CFU/mL SM 9223B
 E. coli Absent 1.1 CFU/mL SM 9223B

B3J049-02 Sampled: 10/04/13 12:40
 C2-3 Elm (C12 0.17) Up Stream
 Heterotrophic Plate Count 46 1.0 CFU/mL SM 9215B
 Total Coliform **PRESENT** 1.1 CFU/mL SM 9223B
 E. coli Absent 1.1 CFU/mL SM 9223B

B3J049-03 Sampled: 10/04/13 12:58
 Elm/Adele (C12 0.30) (Hydrant) Down Stream
 Heterotrophic Plate Count 8.0 1.0 CFU/mL SM 9215B
 Total Coliform Absent 1.1 CFU/mL SM 9223B
 E. coli Absent 1.1 CFU/mL SM 9223B

Analytical Report: Page 2 of 3
 Project Name: Cabazon Co. WD-DW-CC
 Project Number: [none]

Work Order Number: B3J0499

Received on Ice (Y/N): Yes

Temp: 18°C

Report Date: 09-Oct-2013

Notes and Definitions

Client Name: Cabazon Water District
 Contact: Calvin Louie
 Address: P.O. Box 297
 Cabazon, CA 92230

Work Order Number: B3J0499

Received on Ice (Y/N): Yes

Temp: 18°C

Bacteriological result notification provided to Calvin Louie on 10/07/13

Project Name: Cabazon Co. WD-DW-CC

Project Number: [none]

Work Order Number: B3J0499

Received on Ice (Y/N): Yes

Temp: 18°C

B-01 Bacteriological result notification provided to Calvin Louie on 10/07/13

ND: Analyte NOT DETECTED at or above the Method Detection Limit (if MDL is reported), otherwise at or above the Reportable Detection Limit (RD_L)

NR: Not Reported

RDL: Reportable Detection Limit

MDL: Method Detection Limit

* /mL : NELAP does not offer accreditation for this analyte/method/matrix combination

Approval

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted. Babcock Laboratories and its officers and employees assume no responsibility and make no warranty, express or implied, for uses or interpretations made by any recipients intended or unintended, of this report.

Lauren G. Tyner
 CN = Lauren G. Tyner C = US O = Babcock
 Laboratories, Inc. OU = Project Manager
 2013.10.09 12:52:14 -0700

cc: RCHD/SDSHD

mailing P.O. Box 432 Riverside, CA 92502-0432	location 6100 Quail Valley Court Riverside, CA 92507-0704	mailing P.O. Box 432 Riverside, CA 92502-0432	location 6100 Quail Valley Court Riverside, CA 92507-0704
P 951.653.3351 F 951.653.1662 www.babcocklabs.com	NEA/PA/no. 02/01/CA CA/EPA no. 2498 EPA no. CA00102	P 951.653.3351 F 951.653.1662 www.babcocklabs.com	NEA/PA/no. 02/01/CA CA/EPA no. 2498 EPA no. CA00102

P 951.653.3351 F 951.653.1662 www.babcocklabs.com	P 951.653.3351 F 951.653.1662 www.babcocklabs.com
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E.S.BABCOCK & Sons, Inc.
Environmental laboratory

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297

Analytical Report: Page 1 of 1
Project Name: Cabazon Co. WD-DW-CC

CABAZOLI, CA

Report Date: 09-Oct-2013

SBABCO Laboratories
1610 Quail Valley Court Rancho Cucamonga, CA 91730
(909) 623-3331 FAX (909) 653-1982
Chain of Custody & Sample Information Record

Chain of Custody & Sample Information Record
E.S.BABCOCK&SONS, Inc.
6100 Quail Valley • Court Riveside, CA 92507
(951) 653-3351 • FAX (951) 653-1162

83

NEIAP no. 03101GA
CA EAP no. 26894
EPA no. CA00102

P 961.653.3351
F 961.653.1662
www.babookslabs.com



E.S.BABCOCK&Sons, Inc.
Environmental Laboratories at Work

Client Name: Cabazon Water District
Contact: Calvin Louis
Address: P.O. Box 297
Cabazon, CA 92230

Report Date: 11-Oct-2013

Analytical Report: Page 1 of 3
Project Name: Cabazon Co. WD-DW-CC
Project Number: Resample/Wkly

Work Order Number: B3J0675

Received on Ice (Y/N): Yes Temp: 17°C

Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Identification

Lab Sample #	Client Sample ID	Matrix	Date Sampled	By	Date Submitted	By
B3J0675-01	Elm (C2-3) (C12 1.0) --RESAMPLE--	Water	10/07/13 13:57	C. Louis	10/07/13 15:58	C. Louis
B3J0675-02	Tank 3 Down Stream (C12 0.14) --RESAMPLE--	Water	10/07/13 13:51	C. Louis	10/07/13 15:58	C. Louis
B3J0675-03	Elm/Date (C2-4) (C12 0.55) --RESAMPLE--	Water	10/07/13 14:06	C. Louis	10/07/13 15:58	C. Louis

Client Name: Cabazon Water District
Contact: Calvin Louis
Address: P.O. Box 297
Cabazon, CA 92230

Report Date: 11-Oct-2013

Analytical Report: Page 2 of 3
Project Name: Cabazon Co. WD-DW-CC
Project Number: Resample/Wkly

Work Order Number: B3J0675

Received on Ice (Y/N): Yes Temp: 17°C

Result	RDL	Units	Method	Analysis Date	Analyst	Flag
B3J0675-01	Sampled: 10/07/13 13:57					
Elm (C2-3) (C12 1.0)						
Heterotrophic Plate Count	5.0	CFU/mL	SM 9215B	10/07/13 17:00	dpk	
Total Coliform	Absent	1.1	*****	SM 9223B	10/07/13 17:00	dpk
E. coli	Absent	1.1	*****	SM 9223B	10/07/13 17:00	dpk

B3J0675-02

Sampled: 10/07/13 13:51

Result	RDL	Units	Method	Analysis Date	Analyst	Flag
B3J0675-02	Sampled: 10/07/13 13:51					
Tank 3 Down Stream (C12 0.14)						
Heterotrophic Plate Count	1.0	CFU/mL	SM 9215B	10/07/13 17:00	dpk	
Total Coliform	Absent	1.1	*****	SM 9223B	10/07/13 17:00	dpk
E. coli	Absent	1.1	*****	SM 9223B	10/07/13 17:00	dpk

B3J0675-03

Sampled: 10/07/13 14:05

Result	RDL	Units	Method	Analysis Date	Analyst	Flag
B3J0675-03	Sampled: 10/07/13 14:05					
Elm/Date (C2-4) (C12 0.55)						
Heterotrophic Plate Count	1.0	CFU/mL	SM 9215B	10/07/13 17:00	dpk	
Total Coliform	Absent	1.1	*****	SM 9223B	10/07/13 17:00	dpk
E. coli	Absent	1.1	*****	SM 9223B	10/07/13 17:00	dpk

Building	Location
P.O. Box 332 Riverside, CA 92502-0332	6100 Quail Valley Court Riverside, CA 92507-0704

NELAP no. 02101CA CA Elap no. 2698 EPA no. CA00102	Location
P 951-653-3351 F 951-653-1662 www.babcockllc.com	6100 Quail Valley Court Riverside, CA 92507-0704

NELAP no. 02101CA CA Elap no. 2698 EPA no. CA00102	Location
P 951-653-3351 F 951-653-1662 www.babcockllc.com	6100 Quail Valley Court Riverside, CA 92507-0704



E.S.BABCOCK & Sons, Inc. Environmental Laboratories

Analytical Report: Page 1 of 3
Project Name: Cabazon Co. WD-DW-CC
Project Number: Weekly Sampling Cabazon, CA

Capazzoli, CA 92230

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Attach ed is the analytical report for the sample(s) received for your project. Below is a list of individual samples with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Lab Sample #	Client Sample ID	Matrix	Date Sampled	By	Date Submitted	By
B3J0993-01	C-5 (Almond) (C12 0.4) ---ROUTINE---	Walair	10/09/13 13:45	C. Louis	10/09/13 15:40	Omar Sosa
B3J0993-02	C2-3 (Lin C12 1.34) ---RESAMPLE F---	Walair	10/09/13 13:35	C. Louis	10/09/13 15:40	Omar Sosa

6100 Quail Valley Court Riverside, CA 92507
(951) 653-3351 • FAX (951) 653-1662

Chain of Custody & Sample Information Record

6100 Quail Valley Court Bakersfield CA 932507

BSE

mailing P.O. Box 432
Upland, CA 92582-0432
location 6100 Quail Valley Court
Riverside, CA 92507-9704
URL www.balco-skilabs.com

mailing P.O. Box 432
Riverside, CA 92502-0432
location 6100 Quail Valley Ctr.
Riverside, CA 92505-0100

E S B

E.S.BABCOCK&Sons, Inc.

Environmental Laboratories #7000

Client Name: Cabazon Water District
 Contact: Calvin Louie
 Address: P.O. Box 297
 Cabazon, CA 92230

Report Date: 14-Oct-2013

Result RDL Units Method Analysis Date Analyst Flag

B3J0993-01 Sampled: 10/09/13 13:45

C1-5 (Almond) (C12 0.4)

Heterotrophic Plate Count

Total Coliform

E. coli

1.0	CFU/ml	SM 9215B	10/09/13 17:05	dpk
1.1	CFU/ml	SM 9223B	10/09/13 17:05	dpk
1.1	CFU/ml	SM 9223B	10/09/13 17:05	dpk

B3J0993-02 Sampled: 10/09/13 13:35

C2-3 Elm (C12 1.34)

Heterotrophic Plate Count

Total Coliform

E. coli

8.0	CFU/ml	SM 9215B	10/09/13 17:05	dpk
Absent	CFU/ml	SM 9223B	10/09/13 17:05	dpk
Absent	CFU/ml	SM 9223B	10/09/13 17:05	dpk

Analytical Report: Page 2 of 3

Project Name: Cabazon Co. WD-DW-CC

Project Number: Weekly Sampling Cabazon, CA

Work Order Number: B3J0993

Received on Ice (Y/N): Yes

Temp: 3°C

Report Date: 14-Oct-2013

Notes and Definitions

Client Name: Cabazon Water District
 Contact: Calvin Louie
 Address: P.O. Box 297
 Cabazon, CA 92230

ND: Analyte NOT DETECTED at or above the Method Detection Limit (if MDL is reported), otherwise at or above the Reportable Detection Limit (RDL)

NR: Not Reported

RDL: Reportable Detection Limit

MDL: Method Detection Limit

* / m : NELAP does not offer accreditation for this analyte/method/matrix combination

Approval

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted. Babcock Laboratories and its officers and employees assume no responsibility and make no warranty, express or implied, for uses or interpretations made by any recipients, intended or unintended, of this report.

Lauren G. Tyner
 CN = Lauren G. Tyner C = US O = Babcock
 Laboratories, Inc. OU = Project Manager
 2013.10.14 17:16:08 -0700

cc: RCHDSDSHD

c-Tab_Summary.rpt

mailing	location	location
P.O. Box 432 Riverside, CA 92502-0432	6100 Quartz Valley Court Riverside, CA 92507-0704	NELAP no. 02101CA CA Elap no. 2698 EPA no. CA00102

mailing	location	location
P 951 653 3351 F 951 653 6662 www.babcocklabs.com	F 951 653 3351 F 951 653 1662 www.babcocklabs.com	P 951 653 3351 F 951 653 1662 www.babcocklabs.com

mailing	location	location
P 951 653 3351 F 951 653 6662 www.babcocklabs.com	F 951 653 3351 F 951 653 1662 www.babcocklabs.com	P 951 653 3351 F 951 653 1662 www.babcocklabs.com



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Chain of Custody & Sample Information Record

Client Name:	Cabazon Water District
Contact:	Calvin Louie
Address:	P.O. Box 297 Cabazon, CA 92230
Report Date:	14-Oct-2013

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mailing *location*
P.O. Box 432
Riverside, CA 92502-0432

6100 Quail Valley Court
Riverside, CA 92507-0704

P 951.653.8351
F 951.653.1662
www.bacoclelab.com

NELAP no. 02101CA
CA Elap no. 2698
EPA no. CA00102

Name _____
Employee _____
Signature _____
Project _____
Phone Number _____
Cinelli _____
Temper _____
Sample _____
Customer _____
Simple _____
Label _____

E.S.BABU

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E.S.BABCOCK&Sons, Inc.
Environmental Laboratories ad/900

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297
Cabazon, CA 92230

Report Date: 21-Oct-2013

Analytical Report: Page 1 of 3
Project Name: Cabazon Co. WD-DW-CC
Project Number: [none]

Work Order Number: B3J1642

Received on Ice (Y/N): Yes Temp: 4°C

Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Identification

Lab Sample #	Client Sample ID	Matrix	Date Sampled	By	Date Submitted	By
B3J1642-01	C1-3 Main (C12.0.20) --ROUTINE---	Water	10/16/13 10:20	Calvin	10/16/13 15:50	Steven Cortez
B3J1642-02	C2-5 Elm - Peach (C12.0.48) --ROUTINE---	Water	10/16/13 10:50	Calvin	10/16/13 15:50	Steven Cortez

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297
Cabazon, CA 92230

Report Date: 21-Oct-2013

Environmental Laboratories ad/900

Analytical Report: Page 2 of 3
Project Name: Cabazon Co. WD-DW-CC
Project Number: [none]

Work Order Number: B3J1642

Received on Ice (Y/N): Yes Temp: 4°C

Result RDL Units Method Analysis Date Analyst Flag

B3J1 642-01		Sampled: 10/16/13 10:20		B3J1 642-02		Sampled: 10/16/13 10:50	
C1-3	Main (C12.0.20)	H-heterotrophic Plate Count	2.0	1.0	CFU/mL	SM 9215B	10/16/13 17:20
Total Coliform		Absent	1.1		CFU/mL	SM 9223B	10/16/13 17:20
E. coli		Absent	1.1		CFU/mL	SM 9223B	10/16/13 17:20
							dpk
							dpk
							dpk

mailing location	P 951 655-3351 6100 Quartz Valley Court Riverside, CA 92502-0332	NELAP no. 02101CA CA Elap no. 2098 EPA no. CA00102
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Location	P 951 655-3351 6100 Quartz Valley Court Riverside, CA 92502-0332	NELAP no. 02101CA CA Elap no. 2098 EPA no. CA00102
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Location	P 951 655-3351 6100 Quartz Valley Court Riverside, CA 92502-0332	NELAP no. 02101CA CA Elap no. 2098 EPA no. CA00102
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E.S.BABCOCK & Sons, Inc.

Environmental Laboratories Ltd 1906

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297
Cabazon CA 92230

Analytical Report: Page 3 of 3
Project Name: Cabazon Co. VWD-DW-CC
Project Number: [none]

Notes and Definitions

MDL:	Analyte NOT DETECTED at or above the Method Detection Limit (MDL)
LR:	Not Reported
DL:	Reportable Detection Limit
MDL:	Method Detection Limit
NR:	NFLAP does not offer accreditation for this analyte/method/matrix combination

לכידות

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted.

RCHD/SDSHD

<i>mailing</i>	<i>location</i>	<i>ELAP no.</i>	<i>CA Elap no.</i>	<i>ELAP date</i>
P.O. Box 432 Riverside, CA 92502-0432	6100 Quail Valley Court Riverside, CA 92509-9704	NELAP no. 0210ICA P 2896 EPA no. CA00102	P 951-653-3451 P 951-651-1682 www.habcoids.com	P 951-653-3451 P 951-651-1682 www.habcoids.com



F. S. BARCOCK & Sons Inc.

Environmental laboratories

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297
Cabazon, CA 92320

Analytical Report: Page 1 of 1
Project Name: Cabazon Co. WD-DW-CC
Project Number: [none]

Analytical Report: Page 1 of 1
Project Name: Cabazon Co. WD-DW-CC
Project Number: [none]

NEILSON P. 961-1658-3351
P.O. Box 332 6100 Quality Valley Court
Riverside, CA 92526-0432 CA File# 2688
CA D# 04010192
www.babcocklaw.com

location
6100 Quail Valley Court
Riverside, CA 92507-0704

NELAP no. 02101CA
CA-ELAP no. 2698
EPA no. CA00109



E.S.BABCOCK&Sons, Inc.

Environmental Laboratories

Analytical Report: Page 1 of 3
 Project Name: Cabazon Co. WD-DW-CC
 Project Number: [none]

Work Order Number: B332881

Received on (Y/N): Yes Temp: 4°C

Client Name: Cabazon Water District
 Contact: Calvin Louis
 Address: P.O. Box 297
 Cabazon, CA 92230

Report Date: 04-Nov-2013

Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Identification		Date Sampled	By	Date Submitted	By
Lab Sample #	Client Sample ID	Matrix			
B3J2881-01	C1.5 (Almond) (C12 0.62) ---ROUTINE---	Water	10/30/13 09:59	Calvin	10/30/13 16:00
B3J2881-02	C2.3 (ESP/PCF) (C12 0.45) ---ROUTINE---	Water	10/30/13 09:47	Calvin	10/30/13 16:00

(For Lab Use Only) Sample Integrity Upon Receipt/Accelerate Criteria					
Sample(s) Submitted on Ice?	Yes	No	Sample meets laboratory acceptance criteria?	Yes	No
Customer Sample(s) Intercept?	Yes	No	Permit issued to continue?	Yes	No
Lab No.					
Logged in By/Date:					
Temperature:					
Signature/Initials:					
Date / Time	Print Name / Company	Received By (sign)	Print Name / Company	Relinquished By (sign)	
DW = Drinking Water GW = Ground Water WW = Waste Water GW = Ground Water L = Liquid SG = Sludge S = Source M = Miscellaneous					
Sample ID	Date	Time	Updated/revised	Signature:	
Name:	Employee:				
Notes					
Sample Information	Type	# of Contaminates	# Preservatives	Analyses Requested	
Project Location:	By:	Lab/TAT Approval			
Phone No.:	Turn Around Time: Routine *72 Hour Rush *48 Hour Rush *24 Hour Rush				
Additional Charges Apply <small>(Includes Sample Preparation, Shipping, Handling, Testing, Re-testing, and Reporting)</small>					
Address/Phone/Fax/Email Requests <small>(Include D.O.T. Shipping, Hazmat, and Other Requirements)</small>					
Comments:					

Chain of Custody & Sample Information Record

E.S.BABCOCK&Sons, Inc.
 6100 Quail Valley Court Riverside, CA 92507
 (951) 593-3351 • FAX (951) 653-1662
 www.babcocklabs.com



Location:
 Building: F.O. Box 312
 Riverside, CA 92502-0432

Location:
 Building: G100 Quartz Valley Court
 Riverside, CA 92507-0701

NELAP no. 021010VA
 CA File no. 2698
 EPA no. CA00102
 www.babcocklabs.com

E S B

E.S.BABCOCK&Sons, Inc.
Environmental Laboratories acrl 7/2006

Client Name:	Cabazon Water District Contact: Calvin Louie Address: P.O. Box 297 Cabazon, CA 92230		
Report Date:	04-Nov-2013		
Result	RDL	Units	Method
B3J2881-01	Sampled: 10/30/13 08:59		
C1-5 (Almond) (C12 0.62)		CFU/mL	SM 9215B
Heterotrophic Plate Count	0.0	1.0	10/30/13 17:45 dpk
Total Coliform	Absent	1.1	10/30/13 17:45 dpk
E. coli	Absent	1.1	10/30/13 17:45 dpk
B3J2881-02	Sampled: 10/30/13 08:47		
C2-3 (ESPPCH) (Q2 0.45)		CFU/mL	SM 9215B
Heterotrophic Plate Count	1.0	1.0	10/30/13 17:45 dpk
Total Coliform	Absent	1.1	10/30/13 17:45 dpk
E. coli	Absent	1.1	10/30/13 17:45 dpk

Location	Mailing
6100 Quail Valley Court Riverside, CA 92502-0432	NELAP no. 0210/CA P.O. Box 132 CA EHP no. 2658 EPA no. CA00102 www.babcocklab.com

Analytical Report: Page 2 of 3
Project Name: Cabazon Co. WD-DW-CC
Project Number: [none]

Work Order Number: B3J2881
Received on Ice (Y/N): Yes Temp: 4°C

Report Date: 04-Nov-2013

Notes and Definitions

Client Name: Cabazon Water District
Contact: Calvin Louie
Address: P.O. Box 297
Cabazon, CA 92230

ND: Analyte NOT DETECTED at or above the Method Detection Limit (if MDL is reported), otherwise at or above the Reportable Detection Limit (RDL)

NR: Not Reported

RDL: Reportable Detection Limit

MDL: Method Detection Limit

* /** : NELAP does not offer accreditation for this analyte/method/matrix combination

Approval

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meets the minimum quality standards in the referenced analytical methods. Any exceptions have been noted. Babcock Laboratories and its officers and employees assume no responsibility and make no warranty, express or implied, for uses or interpretations made by any recipients, intended or unintended, of this report.

Lauren G. Tyler
CN = Lauren G. Tyler C = US O = Babcock
Laboratories Inc. OU = Project Manager
2013/11/04 11:32:35-0700

cc: RCHD/SDSHD

e-Tab_Summary.pt

P 951 653 3351 F 951 653 1652 www.babcocklab.com	NELAP no. 0210/CA P.O. Box 132 CA EHP no. 2658 EPA no. CA00102
	6100 Quail Valley Court Riverside, CA 92502-0432

P 951 653 3351 F 951 653 1652 www.babcocklab.com	NELAP no. 0210/CA P.O. Box 132 CA EHP no. 2658 EPA no. CA00102
	6100 Quail Valley Court Riverside, CA 92502-0432



S.BABCOCK & Sons, Inc.
Environmental Laboratories
1900

E.S.BABCOCK&Sons, Inc. 6100 Gandy Boulevard, Suite 1000 • Tampa, Florida 33607

Instructions for Tier 2 Resolved Total Coliform Notice Template

Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

If You Are a...	You Must Notify Consumers by...	...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...
Community Water System [64463.4(c)(1)]	Mail or direct delivery ^(a)	Publication in a local newspaper Posting ^(b) in public places served by the water system or on the Internet Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system ^(b)	Publication in a local newspaper or newsletter distributed to customers Email message to employees or students Posting ^(b) on the Internet or intranet Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Description of the Violation

Make sure that the notice is clear about the fact that the coliform problem has been resolved, and there is no current cause for concern. The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

If You Take Fewer Than 40 Samples a Month	If You Take 40 or More Samples a Month
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- "We have increased sampling for coliform bacteria to catch the problem early if it recurs."
- "The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the Department within ten days after you issue the notice [64469(d)].

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

[System] Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took [number] samples to test for the presence of coliform bacteria during [month year]. [Number/percentage] of our samples showed the presence of total coliform bacteria. The standard is that no more than [1 sample per month/5.0 percent of samples] may do so.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What was done?

[Describe corrective action].

For more information, please contact [name of contact] at [phone number] or [mailing address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by [system].

State Water System ID#: _____. Date distributed: _____.

Drinking Water Notification to Consumers

PROOF OF NOTIFICATION

Name of Water System: _____

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. _____

Consumers Notified _____ Yes _____ No _____

If not, Explain: _____

Date of Notification: _____

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

- ____ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.
- ____ Newspaper (if the problem has been corrected). Attach a copy of Notice.
- ____ Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.
- ____ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Department approval). Attach copy of Notice.

I hereby declare the forgoing to be true and correct under penalty of perjury.

Dated: _____

Signature of Person Serving Notice

**** Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Department within 10 days of posting the notification.

Disclosure: Be advised that the California Health and Safety Code states that any person who knowingly makes a false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by fine of not more than twenty-five thousand dollars (\$25,000) for each day of violation, or be imprisoned in county jail not to exceed one year or by both the fine and imprisonment.